

JUN 25 2007

PTO/SB/22 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031

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|--|--|--|--|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2006</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) |  | Docket Number (Optional)<br><b>MWS-055</b> |  |
| Application Number<br><b>10/822,211-Conf. #4008</b>  |  | Filed<br><b>July 18, 2003</b>              |  |
| For <b>RATE GROUPING DURING CODE GENERATION FOR MULT-RATE MODELS</b>   |  |  |  |
| Art Unit<br><b>2123</b>  |  | Examiner<br><b>M. C. Jacob</b>             |  |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

|   | <u>Fee</u> | <u>Small Entity Fee</u> |                  |
|---|------------|-------------------------|------------------|
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))** | \$120      | \$60                    | \$ <u>120.00</u> |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))             | \$450      | \$225                   | \$ _____         |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))           | \$1020     | \$510                   | \$ _____         |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))            | \$1590     | \$795                   | \$ _____         |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))            | \$2160     | \$1080                  | \$ _____         |

☐ Applicant claims small entity status. See 37 CFR 1.27. \*\*1 month extension previously paid.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-0080. I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96):

☒ attorney or agent of record. Registration Number 35,470

☐ attorney or agent under 37 CFR 1.34.  
Registration number if acting under 37 CFR 1.34 \_\_\_\_\_

\_\_\_\_\_  
Signature

**Kevin J. Canning**  
Typed or printed name

\_\_\_\_\_  
Date  
**June 25, 2007**

\_\_\_\_\_  
Telephone Number  
**(617) 227-7400**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted.

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8900 at MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: June 25, 2007

Signature: Kevin J. Canning (Kevin J. Canning)

JUN 25 2007

PTO/SB/17 (08-07)

Approved for use through 06/30/2007. OMB 0851-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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|---|--|---|--|
| Effective on 12/08/2004.<br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).<br><b>FEE TRANSMITTAL</b><br><b>For FY 2007</b> |  | <b>Complete if Known</b><br>Application Number 10/622,211-Conf. #4008<br>Filing Date July 18, 2003<br>First Named Inventor Matthew ENGLEHART<br>Examiner Name M. C. Jacob<br>Art Unit 2123<br>Attorney Docket No. MWS-055 |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |  |   |  |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$) 120.00  |  |   |  |

|  |  |
|--|--|
| <b>METHOD OF PAYMENT</b> (check all that apply)  |  |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ |  |
| <input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: 12-0080    Deposit Account Name: Lahive & Cockfield, LLP  |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   |  |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee  |  |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments             |  |

|   |                    |                     |                    |                     |                         |                     |                       |
|---|--------------------|---------------------|--------------------|---------------------|-------------------------|---------------------|-----------------------|
| <b>FEE CALCULATION</b>  |                    |                     |                    |                     |                         |                     |                       |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                    |                     |                    |                     |                         |                     |                       |
|   | <b>FILING FEES</b> |                     | <b>SEARCH FEES</b> |                     | <b>EXAMINATION FEES</b> |                     |                       |
|   |                    | <b>Small Entity</b> |                    | <b>Small Entity</b> |                         | <b>Small Entity</b> |                       |
| <b>Application Type</b>   | <b>Fee (\$)</b>    | <b>Fee (\$)</b>     | <b>Fee (\$)</b>    | <b>Fee (\$)</b>     | <b>Fee (\$)</b>         | <b>Fee (\$)</b>     | <b>Fees Paid (\$)</b> |
| Utility   | 300                | 150                 | 500                | 250                 | 200                     | 100                 |                       |
| Design  | 200                | 100                 | 100                | 50                  | 130                     | 65                  |                       |
| Plant   | 200                | 100                 | 300                | 150                 | 160                     | 80                  |                       |
| Reissue   | 300                | 150                 | 500                | 250                 | 600                     | 300                 |                       |
| Provisional   | 200                | 100                 | 0                  | 0                   | 0                       | 0                   |                       |
| <b>2. EXCESS CLAIM FEES</b>   |                    |                     |                    |                     |                         |                     |                       |
|   |                    |                     |                    |                     |                         |                     | <b>Small Entity</b>   |
|   |                    |                     |                    |                     |                         |                     | <b>Fee (\$)</b>       |
| <b>Fee Description</b>  |                    |                     |                    |                     |                         |                     | <b>Fee (\$)</b>       |
| Each claim over 20 (including Reissues)   |                    |                     |                    |                     |                         |                     | 50                    |
| Each independent claim over 3 (including Reissues)  |                    |                     |                    |                     |                         |                     | 200                   |
| Multiple dependent claims   |                    |                     |                    |                     |                         |                     | 360                   |
| <b>Total Claims</b> <b>Extra Claims</b> <b>Fee (\$)</b> <b>Fee Paid (\$)</b>  |                    |                     |                    |                     |                         |                     |                       |
| HP = highest number of total claims paid for, if greater than 20.   |                    |                     |                    |                     |                         |                     |                       |
| <b>Indep. Claims</b> <b>Extra Claims</b> <b>Fee (\$)</b> <b>Fee Paid (\$)</b>   |                    |                     |                    |                     |                         |                     |                       |
| HP = highest number of independent claims paid for, if greater than 3.  |                    |                     |                    |                     |                         |                     |                       |
| <b>3. APPLICATION SIZE FEE</b>  |                    |                     |                    |                     |                         |                     |                       |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                    |                     |                    |                     |                         |                     |                       |
| <b>Total Sheets</b> <b>Extra Sheets</b> <b>Number of each additional 50 or fraction thereof</b> <b>Fee (\$)</b> <b>Fee Paid (\$)</b>  |                    |                     |                    |                     |                         |                     |                       |
| - 100 =    /50 =    (round up to a whole number) x    =   |                    |                     |                    |                     |                         |                     |                       |
| <b>4. OTHER FEE(S)</b>  |                    |                     |                    |                     |                         |                     |                       |
| Non-English Specification, \$130 fee (no small entity discount)   |                    |                     |                    |                     |                         |                     |                       |
| Other (e.g., late filing surcharge): 1251 Extension for response within first month   |                    |                     |                    |                     |                         |                     | 120.00                |

|                     |                  |                                   |                |
|---------------------|------------------|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |                  |                                   |                |
| Signature           |                  | Registration No. (Attorney/Agent) | 35,470         |
| Name (Print/Type)   | Kevin J. Canning | Telephone                         | (617) 227-7400 |
|                     |                  | Date                              | June 25, 2007  |

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300 at MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: June 25, 2007

Signature: (Kevin J. Canning)